

Please turn in this form to the **nurse** at your child's school. The nurse will then inform school staff and the Office of Food & Nutrition Services of your child's needs.

Students with Special Dietary Needs Form School Year 2014-2015

If the student has special nutritional or feeding needs, complete this form and have it signed by a recognized medical authority. If nutrition needs are indicated in an IEP, please attach a copy of the IEP.		
Student's Name:	ID:	Date of Birth:
Name of School:	Grade Level:	Teacher's Name: (if known)
Does the student have a disability? If yes, describe the major life activities affected by the disability:		
List Special Diet or Dietary Restrictions:		
Food Allergies or Intolerances:		
Foods to be Substituted:		
List foods that need changes in texture. If all foods need to be prepared in this manner, indicate "All." Use an additional sheet if necessary.		
Food requiring texture modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)	Other instructions (including special eating/feeding patterns, feeding techniques, and equipment needed)
Parent/Guardian Name:		Phone:
		Email:
Medical Provider Name: (physicians, physician assistants, nurse practitioners, etc.)		Phone:
Additional Contact Name:		Phone:
Additional Contact Name:		Phone:

Signature of Parent or Guardian

Date

Signature of Medical Provider

Date